

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH PTO-875)**

SERIAL NO. **081817689**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51								
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47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								

BEST AVAILABLE COPY